

FIG. 1

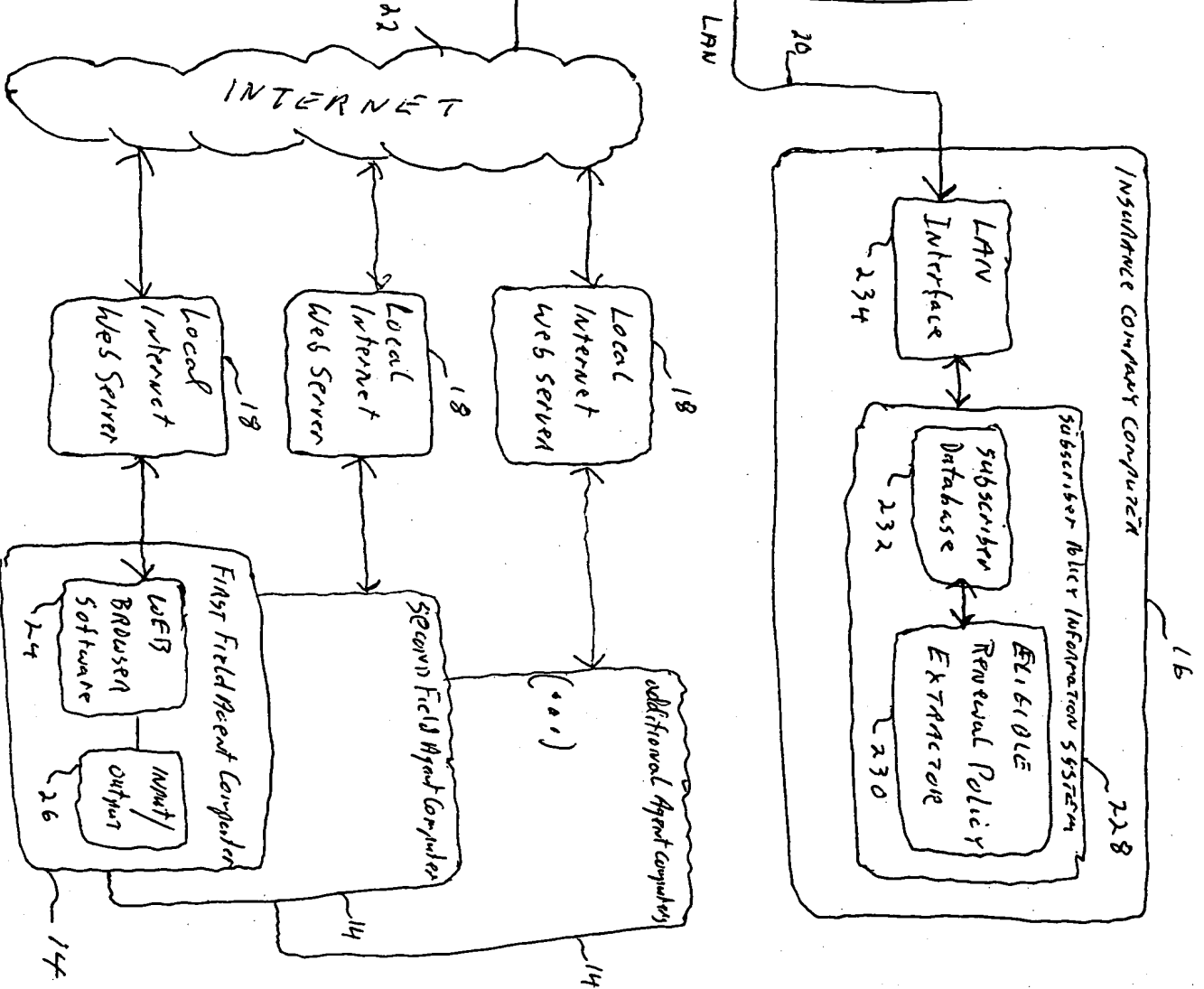
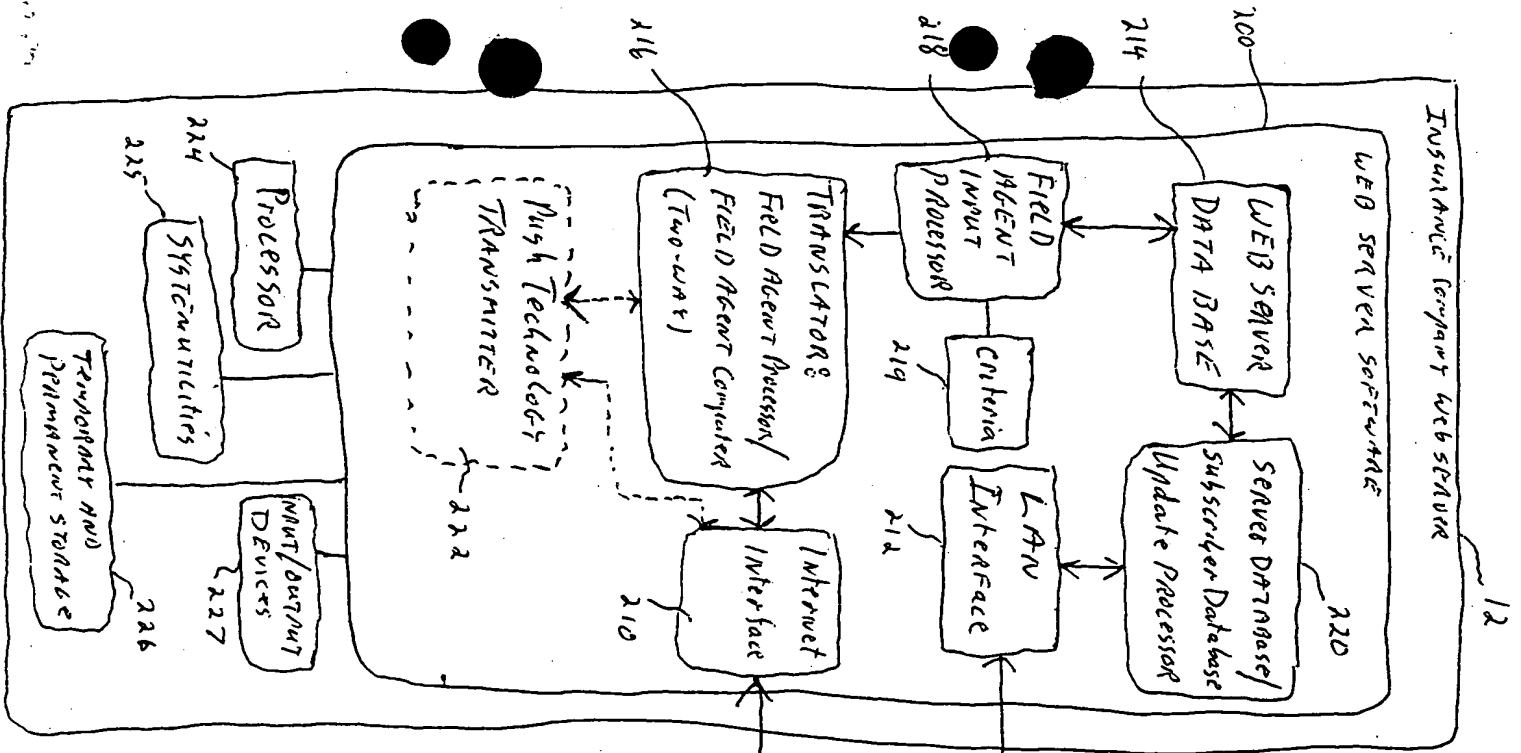
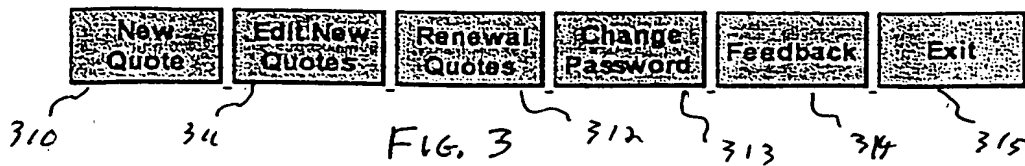


FIG. 2

00545000-000000



## Policy Information

320

Enter policy number and/or account name to initiate search. Leave blank to access entire list of policies.

Policy Number:

Account Name:

Limit Search to include (select one):  ▼

Sort By (select one):  ▼

SUBMIT

EXIT

FIG. 4

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324

### Renewal

Verify and edit class codes, payroll and experience modifications as applicable.

State: Tennessee

Class Code	Payroll	Class Description
<input type="text" value="5445"/>	<input type="text" value="\$ 89,200"/>	<input type="text" value="WALLBOARD INSTALLATION-WITHIN"/> ▼
<input type="text" value="8810"/>	<input type="text" value="\$ 10,400"/>	<input type="text" value="CLERICAL OFFICE EMPLOYEES NOC"/> ▼
		<input type="text" value="Update Class Description"/> <input type="text" value="Proceed"/>

FIG. 5

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# Renewal

Your Governing Class Code is: 5445

## Operations:

If any of the operations listed below apply to class code 5445, then select them from the list (If more than one item applies, hold <CTRL> and use the mouse to select multiple operations).

☐ Yes ☐ No

> 60% Residential

Does the employer pay governing class (5445) employees an average in excess of \$6 per hour?

☐ Yes ☐ No

## Classification Footnotes/Special Rules:

Minimum Premium \$10,000

Loss Control Survey required after binding

Does the employer financially contribute to a medical plan?

☐ Yes ☒ No

Enter the Average Weekly Wage for 5445

\$ 100

Does the employer have existing Experience Mods?

☒ Yes ☐ No

If so, list two most recent Experience Mods in decimal format

1. 0.82

(List most recent first)

2. 0.82

Check Eligibility

FIG. 6

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005260 000549500

## Renewal

Based on the information provided, you have  
a schedule adjustment of 5%.

Your policy company has been determined to be  
Reliance National Insurance Company.

A deviation of -40.00% will be applied.

Next >>

352

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Fig. 7

005280 82657960

005200 02654960

Renewal	
<b>General Information</b>	
Does the applicant own, operate or lease aircraft/watercraft?	
Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)	
Any work performed underground or above 15 feet?	
Any work performed on barges, vessels, docks, bridge over water?	
Any group transportation provided?	
Is there any volunteer or donated labor?	
Do you lease employees to or from other employers?	
Is the answer to any of the above questions "Yes"? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Proposed Effective Date</b>	<b>Proposed Expiration Date</b>
11/03/1999	11/03/2000
<b>Employer's Liability</b>	
Each Accident, Disease - Policy Limit, Disease - Each Employee	100 - 500 - 100
Employers liability limits over 1,000,000/1,000,000/1,000,000 are not available under the CyberComp program.	
<b>Legal Entity Type:</b>	Corporation
If not in list, enter type here:	
<i>The quotation being requested should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.</i>	
<i>Quote not valid if any of the following apply: "A" Rated Classes, Aircraft Exposures, Federal Based Exposures (USL&amp;H, FELA), Volunteers Without Charge, Agricultural Harvesting for Others, Chemical &amp; Dyestuff Rating Plan, Employee Leasing, Temporary Agencies, Occupational Disease Exposure or if the quote is in violation of any individual class code premium adjustment footnotes.</i>	
<input type="button" value="Do Not Accept"/> <input checked="" type="button" value="Accept"/>	

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Fig. 8

State	Class Code	Class Description	Premium Basis	Rate Per \$100/Factor	Est. Annual Premium
TN	5445	WALLBOARD INSTALLATION-WITHIN BUILDINGS & DRIVERS	\$489,200.00	7.78	\$38,060.00
TN	8810	CLERICAL OFFICE EMPLOYEES NOC	\$10,400.00	0.20	\$21.00
		SubTotal			\$38,081.00
TN	9898	EXPERIENCE MODIFICATION	\$38,081.00	0.97	-\$1,142.00
TN	9889	SCHEDULE DEBIT	\$36,939.00	0.05	\$1,847.00
		SubTotal			\$705.00
TN	0063	PREMIUM DISCOUNT	\$38,786.00	9.50	-\$3,685.00
TN	0900	EXPENSE CONSTANT			\$140.00
		SubTotal			-\$3,545.00
		Total For State			\$35,241.00
		Total For Policy			\$35,241.00

Print Quick Quote

Bind

The above quotation should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.

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Fig. 9

# WORKERS COMPENSATION CONFIRMATION RENEWAL

## PRODUCER INFORMATION

Agency Name	JACKSON GROUP
Agency Number	0281915

## APPLICANT INFORMATION

Applicant Name	ABC DRYWALL, INC.
DBA Name	
Mailing Address	3781 MAIN ST.
NCCI ID #	440544253
Federal Employer ID #	621253171
Other Rating Bureau ID #	000000000

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## LOCATIONS

Name	ABC DRYWALL, INC.	DBA Name	
Address	3781 MAIN ST.	City	MEMPHIS
County	memphis	State	TN
Number of Employees	12	Zip	38118

## POLICY INFORMATION

Policy Number	Proposed Effective Date	Proposed Expiration Date	Normal Anniversary Rating
NWX60017168	11/03/1999	11/03/2000	

## EMPLOYERS' LIABILITY

\$100,000.00	EACH ACCIDENT
\$500,000.00	DISEASE-POLICY LIMIT
\$100,000.00	DISEASE-EACH EMPLOYEE

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		SubTotal			-\$3,545.00
		Total For State			\$35,241.00
		Total For Policy			\$35,241.00

Does the applicant own, operate or lease aircraft/watercraft?

Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)

Any work performed underground or above 15 feet?

Any work performed on barges, vessels, docks, bridge over water?

Any group transportation provided?

Is there any volunteer or donated labor?

Do you lease employees to or from other employers?

I agree that the response to all of the above questions is No.

This policy has been bound as of the effective date shown. A check in the amount of the required deposit must be received no later than 2 days of the effective date or appropriate notice of cancellation for non-payment of premium will be mailed.

The above quotation should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.

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APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE

Fig. 10